DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below at 201 et seq. beneath my name.

I believe I am the original, first and sole inventor if only one name is listed at 201 below, or an original, first and joint inventor if plural names are listed at 201 et seq. below, of the subject matter which is claimed and for which a patent is sought on the invention entitled

IMPROVED PROCESS FOR THE MAKING OF A WET SHAVING SYSTEM WITH A GUARD BAR

and for which a patent application:						
is attached hereto and include						
was filed in the United States with amendment(s) filed on I		tion No.	10/596,304 (for deci	laration not accompanying app	olication)	
was filed as PCT internations		ı a	nd was amended	under PCT Article 1	9 on (if applicable)	
I hereby authorize and request my		ert herein	n parentheses (Ap	plication No.	filed) the filing
date and application number of said						
I hereby state that I have reviewed amendment referred to above.	and understand the contents	of the ab	ove identified app	olication, including t	he claims, as amer	nded by any
I acknowledge the duty to disclose Regulations, §1.56.	information known to me to	be mater	ial to patentabilit	y as defined in Title	37, Code of Feder	al
I hereby claim foreign priority bene- certificate listed below and have al- of the application on which priority	so identified below any forei	tates Coo gn applic	de, §119(a)-(d) of cation for patent o	any foreign applica r inventor's certifica	tion(s) for patent of the having a filing of	or inventor's date before that
EARLIEST FOREIGN	APPLICATION(S), IF AN	Y, FILED	PRIOR TO THI	E FILING DATE O	F THE APPLICAT	FION
				OF FILING		
APPLICATION NUMBER	COUNTRY		(day, month, year)		PRIORITY CLAIMED	
PCT/EP03/14471	Europe		December 12, 2	2003	YES ⊠	ио □
					YES □	NO □
I hereby claim the benefit under Ti	tle 35, United States Code, §	119(e) of	f any United State	s provisional applic	ation(s) listed belo	W.
PROVISIONAL APP	LICATION NUMBER			FILINC	DATE	
			Management of the state of the			
I hereby claim the benefit under Timatter of each of the claims of this paragraph of Title 35, United States as defined in Title 37, Code of Federational or PCT international filing	application is not disclosed is Code §112. I acknowledge eral Regulations, §1.56 which	in the pric the duty	or United States a to disclose inform	pplication in the ma nation known to me	nner provided by t which is material t	he first to patentability
NON-PROVISIONAL	FILING DATE	STATUS				
APPLICATION SERIAL NO.		P	ATENTED	PENDING	A E	BANDONED
		to Parallel (Transment)				
		The control of the co				

POWER OF ATTORNEY: As a named inventor, I hereby appoint Practitioners at Customer Number 20583, all of Jones Day, whose address is 222 East 41st Street, New York, New York 10017 and each of them, my attorneys, to prosecute this application, and to transact all business in the Patent and Trademark Office connected therewith.

	JONES DAY	DIRECT TELEPHONE CALLS TO:
SEND CORRESPONDENCE TO:	222 East 41st Street, New York, New York 10017 PTO Customer No. 20583	JONES DAY DOCKETING 212-901-9028
	1 10 Customer (10. 2000)	Z1Z 701 70Z0

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

	ELUL MANGE	LAST NAME	FIRST NAME	MIDDLE NAMÉ		
2 0 1	FULL NAME OF INVENTOR	Gratsias	Spiros	MIGDLE WARE		
	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP		
	CITIZENSHIP	Athens	Attiki	Greece		
	POST OFFICE	STREET	CITY	STATE OR COUNTRY	ZIP CODE	
	ADDRESS	39 Kresnas Street	Athens	Greece	11363	
		SIGNATURE OF INVENTOR 201		DATE		
		_	12-JULY-2006			
	FULL NAME	LAST NAME	FIRST NAME	MIDDLE NAME		
	OF INVENTOR	Bozikis	Ioannis			
2	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP		
0 2	CITIZENSHIP	Athens	Koukaki	Greece		
_	POST OFFICE	STREET	CITY	STATE OR COUNTRY	ZIP CODE	
	ADDRESS	99 Dimitrakopoulos Street	Athens	Greece	11741	
		SIGNATURE OF INVENTOR 202	flue ?	DATE		
			12-JULY-2006			
*	FULL NAME	LAST NAME	FIRST NAME	MIDDLE NAME		
	OF INVENTOR	Efthimiadis	Dimitris			
2	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP		
0 3	CITIZENSHIP	Athens	Attiki	Greece		
	POST OFFICE	STREET	CITY	STATE OR COUNTRY	ZIP CODE	
	ADDRESS	10 Papachristoforou Street	Athens	Greece	11476	
		SIGNATURE OF INVENTOR 293	D6 A1 / 22	DATE		
		Xally is		12-JULY-2006.		
	FULL NAME	LAST NAME	FIRST NAME	MIDDLE NAME		
	OF INVENTOR					
2	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP		
) 4	CITIZENSHIP					
	POST OFFICE ADDRESS	STREET	CITY	STATE OR COUNTRY	ZIPCODE	
		SIGNATURE OF INVENTOR 204		DATE	<u> </u>	

***************************************	FULL NAME	LAST NAME	FIRST NAME	MIDDLE NAME		
2 0 5	OF INVENTOR			}		
	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP		
	CITIZENSHIP			WATER THE STATE OF		
	POST OFFICE	STREET.	спу	STATE OR COUNTRY	ŻIP CÓDE	
	ADDRESS				700	
		SIGNATURE OF INVENTOR 205	DATE			